

Subject: Billing Policy Procedures

Effective Date: July 1, 2010

Procedure:

Prior Authorization

1. All follow-along care and major expenditures must be authorized for each child in advance.
2. Major expenditures that require prior authorization include hospitalization, surgical procedures, cardiac catheterizations, orthoses, prostheses, therapy in excess of six (6) sessions, durable medical equipment in excess of \$300.00, drugs, and medical supplies. A prescription or order signed by an approved medical provider is needed but this alone does not constitute prior authorization.
3. In the event emergency care or an emergency hospital admission is necessary, the CYSHCN office must be notified within two (2) working days after admission or service.

Timely Filing

1. K.S.A. 65-5a15 specifies that: "No claim filed more than six months after the time of service rendered shall be allowed or paid."
2. The filing date has been interpreted to mean the actual date a claim is received in the CYSHCN office.
3. In order to assure timely filing, it is recommended that claims be filed with CYSHCN promptly after each service, even if submitted to insurance; include the statement "for the purpose of timely filing – insurance has been filed".

Insurance, Title XIX, Other Coverage

1. For children receiving funding from both the Title XIX Medicaid Program and CYSHCN, the Medicaid Program holds primary funding responsibility. For Medicaid recipients, CYSHCN cannot fund services eligible for Title XIX (Medicaid) reimbursement, nor can it supplement the reimbursement level of the Medicaid program.
2. Private insurance also holds primary funding responsibility over CYSHCN and every effort must be made to utilize available insurance benefits. Since individuals' coverage may change from month to month, it is necessary that the vendor obtain current insurance coverage from the parent when a service is provided.

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3. When insurance fails to pay or pays only a portion of the total bill, the provider should file a CYSHCN claim if the original claim was timely filed with CYSHCN
4. If the insurance payment is less than the CYSHCN allowable rate, additional payment may be made. However, if the insurance payment exceeds or equals the maximum CYSHCN allowable rate, no additional payment can be made.
5. For children with insurance, Medicaid, and CYSHCN; insurance is to be billed first and then Medicaid. If Medicaid payment is denied, then CYSHCN should be billed and CYSHCN can pay at its allowable rate.

Claims/Invoices

1. Providers should submit claims/invoices to the Children and Youth with Special Health Care Needs Program, Department of Health and Environment, 1000 SW Jackson Street, Suite 220, Topeka KS 66612.

For children who receive treatment in Wichita, the invoices can be addressed to the Children and Youth with Special Health Care Needs Program, 202 Century Plaza Building, Wichita KS 67202.

(The vouchers received with warrants contain a requisition number which identifies the placement by letter. T-Topeka, W-Wichita.)

Claims received for records which are not in the office will be forwarded to the correct office. Providers should identify their federal ID tax number and/or their individual social security number at the time of the first claim.

2. Each billing should list the child's name, address, description of service, length of session, procedure code, and each date the service provided.
3. When applicable, claims/invoices must list the code number for each item or service provided.
4. The invoice must specify one of the following:
 - a. If there is insurance.
 - b. If insurance rejected claim.

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- c. If there is no insurance information available.
 - d. If insurance paid _____ balance due _____.
 - e. If Medicaid rejected claim and the reason is known.
5. Items should be billed at the provider's usual rate. Reimbursement will be made by CYSHCN at rates authorized by the Secretary of the Department of Health and Environment.
6. Individuals and firms providing services to children enrolled in CYSHCN agree to accept CYSHCN rates as payment in full.

Professional Reports

- 1. Professional reports or discharge summaries are needed in order for CYSHCN to monitor the overall needs of the children, the services which meet these needs, and the progress each child has made.
- 2. CYSHCN prefers an annual report which includes pertinent history, current finding, and anticipated treatment needs for one year. This will be used to prior-authorize service for a one year's period.
- 3. Supplemental reports are to be provided if a child's care needs change from those specified on the annual report. At this time, a new authorization of services would be developed.
- 4. Summaries of hospitalizations are necessary after each hospitalization.
- 5. A report of each visit (letter to referring physician, copy of office entries, or special CYSHCN report) may be submitted in lieu of an annual report with an authorization prepared after receipt of each provider's report.
- 6. Reports should be submitted to the CYSHCN program, 1000 SW Jackson Street, Suite 220, Topeka, KS 66612 or to the Wichita Office in the Century Plaza Building. To determine which office would be appropriate to send the reports, please refer to statement #1 under Claims/Invoices of this preparation. We would forward report should the record be in the other office.

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